



COBB COUNTY EMERGENCY MANAGEMENT AGENCY

140 North Marietta Parkway
Marietta, Georgia 30060
(770) 499-4567 • fax: (770) 499-4558

David Hankerson
Director

Lanita A. Lloyd
Deputy Director

COBB CERT ACTIVITY/EVENT REPORT

Activity/Event _____

Date _____ Time _____

Activity/Event Description _____

RESPONSIBLE LEADERSHIP

CEMA _____ CERT Work Group _____

CERT District # _____ Other _____

CEMA Rep's Name _____

Group Leader's Name _____

District Leader's Name _____

SUPPORT GROUPS

CERT Work Group _____

CERT District # _____ Other _____

Activity/Event
duration - hours _____ (Report time in full or quarter hours; e.g., 3; 3.25, 3.5, 3.75)

NUMBER ATTENDING

Working Group _____

District Team _____

Other CERT _____

CEMA Staff _____

Governmental Organizations _____

Non-Governmental Organizations _____

CERT Prospects _____

Other* _____

TOTAL _____

*Provide information on **other** attendees: _____

CERT Volunteer Hours _____
Support hours from governmental staff _____
Support hours from non-governmental reps _____

Person completing report _____ Title _____
Date completed _____

NOTE: Meeting, activity, event minutes, or detail record are NOT to be attached to this Email report. Such documents shall be distributed, copied, and WEB page posted as determined by the Working Group Chair, District Leader, and CEMA.